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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH 5724 County At Many	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
Village or City California (No. ,)	St.; Ward) [It death occurred in a hospital or institution, give its NAME inslead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Single, MARRIED, WIDOWEO, OR DIVORCEO (Write the Word) 8 DATE OF BIRTH Unknown, 1844	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from the second secon
(Month) (Day (Year) 7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at // Our no The GAUSE OF DEATH * was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Pressure (Duration) yrs. mos. 3 d
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, It not at placa of death? Former or usual rasidence.
(Address) 15 Filed april 9, 191.5 Office of the Address State Regist The more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL St. John's church (sprif 1915) 20 UNDERTAKER Louis J. lelarke Sreat hill rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter_statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write Nonc. (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For VIO-



PERMANENT

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.Ward) ury Olive Barnes PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, MARRIEO. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) 7 AGE if LESS than 1 day. hrs. The GAUSE OF DEATH* was as follows: BOCCUPATION prope (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF 11 BIRTHPLACE PARENT OF FATHER "State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF DJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) Instructions LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State yrs, mos. DEAT Where was disease contracted. if not at place of death?-OF usual residence. mportant. Every It 15 Filed_ REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If death occurred in

a hospital or institution.

give its NAME instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be judi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; vulvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably swieide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or unlsearrlage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Auaemia" (herely symptomatic), "Atrophy," nuere symptoms or affection need not be stated unless important. "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-"PUERPERAL septichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY121915
BUREAU,V.S.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICHANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

No. 1. V. S. 1 PLACE OF DEATH

Cour		CERTIFICATE OF DEATH Registration Dist. No. 28
Villa	go or City Valley Lee (No. , Sewell 1	Seal [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, Single MARRIED, WIOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH april 17, 1915 (Month) (Day) (Year)
1	TE OF BIRTH May 7 1852	17 I HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day) (Year) E If LESS than	and that death occurred on the date stated above, at
	62 yrs // mes. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a par (b bus	OCCUPATION) Trade, profession, or January (netired 5 yrs.)) General nature of Industry cliness, or establishment in	Quite Lobar Peneumonia
	RTHPLACE (State or country), Salliuse, Md.	Contributory CAMMENUM Secondary (Ourslion) yrs mos ds
(n	10 NAME OF FATHER Alex L. Beal	(Signed) 1770 Burch M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER Ellew E. Milburn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place tn the of death yrs. mos. da. State, yrs. mos. ds. Where was disease contracted,
14 Ti	(Informant) Mad. Chas. W. Grysler	if not at place of death? Former or usual rasidenca
15	(Address) Valley Lee, mel	It Nicholar Calcurch 4/20 1915
	od 4/18, 1915 Bing to Vacanian	Lewis T. Clarke Great will
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Bałto., Requesting V. S. No. 1.

STATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," head-homicide; Poisoned by corbolic acid-probably Struck to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthonia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-Never report mere "Atrophy," "Col-ACCIDENTAL, important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1915
BUREAU.V.S.

V. B. No.

PLACE OF DEATH 5728 Gounty St Mary's	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Od Krille (No.	Registration Dist. No. St.; Ward) St.; Ward) Bound T. St.; Ward) St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Block Single, MARRIED, MONINGED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	Dec. 8 1914, to Of 50 , 1915
(Month) (Day) (Yes	
7 AGE If LESS 1 day, or	hrs. The CAUSE OF DEATH * was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Qneem→ne (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Gentributory (Secondary) (Deration) yrs mes ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 0 MOTHER	(Signed) , M. D. Ofrid C., 1915 (Address) Or College McL *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
Informant Color Colle Me	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Jaller Lee Cepril 7., 1815

olf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. Y.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. statement. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as material worked on may form part of the second first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pubbreral scotichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acelsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under (name origin; "Can State cause for Examples:



B.—Every ite

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state

Vill	age or City St. Inegro (No)
	PERSONAL AND STATISTICAL PARTICULARS
3 51	
D/	ate of BIRTH april 15 1840
7 A C	(Month) (Day (Year) (Year) (If LESS than 1 day,hrs. ORmin,?
(b) bus whi	Trade, profession, or ficular kind of work. General nature of industry, iness, or establishment in chempioyed (or employer) RTHPLACE (State or country) Man Cand
	10 NAME OF Gabriel Biscor
	11 BIRTHPLACE OF FATHER (State or country) May land!
SLUE	(Source of country)
-	12 MAIDEN NAME OF MOTHER Annie Ball
PARENT	12 MAIDEN NAME

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 80

St.;--.....Ward)

[if death occurred in a hospital or Institution, give its NAME instead of street and number.]

MEDIC	AL CERTIFICATE C	F DEATH	
16 DATE OF DEATH	april	10	. 1915
A LHEDE	(Month)	(Day	(Year)
Carrie and	. 17 /	astended de	
Thalles 10	, 1914, to	we je	191 💆
that I last saw him	alive on alle	10	. 191 5
			130 0
and that death occurre	d on the date state	d above, at	m
The CAUSE OF DEATH	* was as follows:		
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Sunco	Re V CexI	tausti	> 1
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Contributory ()	naocar	a los ·	1 .
Secondary			
	(Doration)	S ve X	mos ds
(Signed) Dull	rowe		, M. D.
	- // / .	Chepp	H. V.
47000 11, 1910	(Address) AX &	rugor	·····
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or Ho			om VIOLENT
TAL, SUICIDAL, OF HO	MICIDAL.	id (2) when	ier Acciden-
18 LENGTH OF RESIDI	ENCE (FOR HOSPITALS	, INSTITUTIONS	TRANSIENTS
AT DIACE 2 2	3)		
of death ZZ yrs. x m	los. > ds. State	74 yrs. 11	mas 25 de
Where was disease contracte	d.	7	mode ,immenes us
If not at place of death?	*****************************	8-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	***************************************
Former or			
usual residence			
19 PLACE OF BURIAL		DATE OF E	
Sh mucho	el /12.00	March	2 ne 191 5
20 UNDERTAKER	7 . 0	ADDRESS	4
1.0 1 //	- 11 1	1	-1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Tuerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-".Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWEO OR OJVORCEO O
MARRIED, WIDOWEGO OR OJVORGEO (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from before but he late stated above, at late that I have saw here alive on the date stated above, at late that death occurred on the date stated above, at late that death occurred on the date stated above, at late that late that have the
Contributory   Cont
The CAUSE OF DEATH * was as follows:    Contributory   Contributory
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Me Questo F DEATH ** was as follows:    Le Questo Lack Lack Lack Lack Lack Lack Lack Lack
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  (A) Ula a complete that the control of the country of th
9 BIRTHPLACE (State or country) All Secondary
10 NAME OF ( ) yrs. mos. ds.
(Signed)  11 BIRTHPLACE OF FATHER (State or country) Charles Causing Death, or, in deaths from Violent Causes, state (1) Means or Injury; and (2) whether According According to the Causes, state (2) whether According to the Causes, state (3) Means or Injury; and (2) whether According to the Causes, state (3) Means or Injury; and (2) whether According to the Causes, state (3) Means or Injury; and (4) whether According to the Causes, state (4) Means or Injury; and (5) whether According to the Causes, state (4) Means or Injury; and (5) whether According to the Causes of th
of Mother age 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPENTS, OR RECENT RESIDENTS)
At place of MOTHER (State or country)  At place of death
(Informant) The BEST OF MY KNOWLEGE  (Informant) Though A Dlanco fath  Security of the BEST OF MY KNOWLEGE  If not at place of death?  Former or  usual residence
(Address) Mechanics welle Med 19 PLACE OF BURIAL OR REMOVAL  15  Filed afr. 14 1911 - Zach. R. Morgan 20 UNDERTAKER  ADORESS
Flied Afr. 191 Jack Morgan Berry Thomas Michanics in the Manual Medianics of the Manual Manua

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in the second statement. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: "PUÉRPERAL peritonitis," ctc. birth or misearriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. eough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... by railway train-accident; Revolver wound The contributory (secondary or intercuras "Puerperal septichaemia," carbolic acid-probably State cause for which Never report mere "Exhaustion,"

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY1 3 1915
BUREAU, V.S.

No.

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PLACE OF DEATH 5731	STATE OF MARYLAND CERTIFICATE OF DEATH	
Sounty	Registered No. 287	
Village or City California (No	St; Ward)  [if death occurred in a hospital or institution give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Real Black (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year).  17 I HEREBY CERTIFY. That I attended deceased from	
6 DATE OF BIRTH ALLACON, 1 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from  Charles 1915 to Charles 15 1915  that I last asw h remailire on Charles 15 - 1915	
7 AGE it LESS than 1 day, hrs. ds. OR min.?	and that death occurred on the date stated above, at	
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos ds.  Contributory (Secondary)	
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) Velloy Victoria Caux, M. D.  (Address) Steat Sullo  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) If heavy 60.	At place of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, if not at place of death? Former or usual residence	
Filed Philippins Colleges State Registrar, 8 E	19 PLACE OF BURIAL OR REMOVAL  LA COMPANY  20 UNDERTAKER  LOCALITY  ADDRESS  LOCALITY  LOCALITY  ADDRESS  LOCALITY  LOCALITY  ADDRESS  LOCALITY  L	
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. causing neath, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to the and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease. Bronchopneumonia ("Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinology

childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitlal nephritis. cer" is less definite; avoid use of "Tumor" for malig dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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PHYSICIANS shoul RECORD statement PERMANENT T Clai properly NK Pe UNFADING that It may certificate. that 80 Po WITH back pino plain instructions Information = 4 DEATH WRITE See o OF mportant. Every It 0

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PLACE OF DEATH STATE OF MARYLAND ERTIFICATE OF DEATH County Registration Dist. No. Ilf death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. married WIDDWED. (Month) (Day (Year) OR OIVORCEO That I attended deceased from (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) duns Contributory..... BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER S 11 BIRTHPLACE (Address). PARENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death _____ yrs. .... mos. Sfate ..... Yrs. Where was disease contracted. OF If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS man REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dntics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Colton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is normannial.



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilt death occurred la .....Ward) a hospital or Institution, give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) (Dav ORDIVORCED (Write the word) (Year) MEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, day, .... hrs. OF DEATH* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or 22002 particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether According Tal, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State . Where was disease contracted. 14 THE ABOVE IS TRUE OF It not at place of death? Former or usual residence. DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the oecupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonacum, etc., Carcin-

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Instructions

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) Foreman, (b) Automobile factory. The For persons

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BUREAU, V MAY 5 1915 PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

CAUSE OF DEATH in plain terms, so that it mi important. See instructions on back of certificate.

N. B.-Every ltem of information should be CAUSE OF DEATH in plain terms, s WRITE

#### Vill FULL NAME William Bulk

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

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PLACE OF DEATH St. war



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 286

	The same of the sa	CYNX \
14:11-		7
age or City Mulistan	_(No,	

___St.;_ -Ward)

[If death occurred is a hospital or institution, give ils NAME Instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h 1 alive on
7 AG		and that death occurred on the date stated above, atm,
	2 9   1 day,hrs.   0   0   0   0   0   0   0   0   0	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or Cabous icular kind of work	Thomas from
basia	General nature of industry, ness, or establishment la h employed (or employar)	(Duration) Profession 18
9 81	State or country)	Secondary (Duration) yrs mos ds
	10 NAME OF Julsnur	(Signed) RM. V. Palerier, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
AR	12 MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL.
0	Kali / Zullin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	Af place in the of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at placa of dealh?
(	interment) Agreeting thomas	Former or usual residence
	(Address) Bushind and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	4-3-105-1019	20 UNDERTAKER ADDRESS
rile	REGISTRAR	Eugene La da Chines &
	If more blanks are needed, address State Ragic	trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1915
BUREAU, V.S.

V. S. No. 1.

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۵	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.	
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>	Every Item of Information should be carefully supplied. AG CAUSE OF DEATH In plain terms, so that It may be prop Important. See instructions on back of certificate.	
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	PLACE OF DEATH  Sounty St- Marys  Illage or City Mayden (No	STATE OF MACCERTIFICATE OF MAC	of DEATH ist. No. 28/
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 51	MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day) , 1915
6 D	ATE OF BIRTH  (Month) (Day) (Year)	April 24 1916 to My	attended deceased from 1915
(a)		and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	
(b) bus whi	General nature of Industry, ness, or establishment in ch employed (or employer)  RTHPLACE cate or country)  LT  Manyi  Cond	Contributory (Secondary)	
ARENTS	10 NAME OF FATHER James Ralnest  11 BIRTHPLACE (State or country) It, Maryi Coml.  12 MAIDEN NAME OF MAN COMMOTHER	(Signed) (Si	in deaths from Violent d (2) whether Acciden-
α.	13 BIRTHPLACE OF MOTHER (State or country) St. Mary Bruk.	At place In the of death yrs, mos, ds. State Where was disease contracted.	yrs mos ds
	Informant) Stephe Dyron And	If not at place of death? Former or usual residence	
16	Address) Wagner, Ma.	19 PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL
FII	ed / 25, 1915 / Dury T. V Sustancin	20 UNDERTAKER	ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

childbirth or miscarriage, as "Puerperal septichaeinus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Seniie." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 1915
BUREAU, V.S.

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WITH

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH 2 SICIANS should OCCUPATION IS Registration Dist. No. It death occurred in YSICIANS Ward) a hospital or institution, give its NAME instead ot street and number.] ö PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, 1910 WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) Exact I HEREBY CERTIFY, That I attended deceased from tated DATE OF BIRTH classified. pe (Month) (Day (Year) 7 AGE If LESS than D and that death occurred on the date stated above, at shou 1 day .....hrs. The CAUSE OF DEATH* was as follows: OR ..... 7 properly BOCCUPATION AG (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, suppli business, or establishment in may (Duration) which employed (or employer) ----certificate. 9 BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER 80 10 back 11 BIRTHPLACE terms, (Address) ENT pino OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS Informati = 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death Last yrs. ___ mos. State EATH Where was disease contracted. TRUE TO OF MY It not at place of death?-Do Former or Item Every Item CAUSE OF Important. usual residence DATE OF BURIAL 15 20 DORESS Filed m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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MAY5 1915 BUREAU, V.S. should

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No Ilt death occurred in Ward) a hospital or institution. give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH* was as follows: OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Buration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLAGE OF FATHER (State or country *State the DISEASE CAUSINO DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ..... yrs. .... mos. .... State ..... yrs, ____ mos, ... Where was disease contracted. If not at place of death?. osual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR of more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. properly classified. should be AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. Item of information should be CAUSE OF Important.

RECORD

V. S. No. 1.

N.B.

#### 5738 1 PLACE OF DEATH County Stimary

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 286

VIII	2FULL NAME Stillborn	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, WIDOWED	16 DATE OF DEATH
	(Month) (Day (Year)	17 - I HEREBY CERTIFY, That I attended deceased from
(a)	If LESS than 1 day,hrs.  yrs mosds. ORmin. ?  CCUPATION Trade, profession, or icular kind of work	The CAUSE OF DEATH* was as follows:
busin Whice	General nature of Industry, ness, or establishment in h employed (or employer)  RTHPLACE (State or country)	Contributory (Ouration) yrs mos. ds.
10 NAME OF FATHER GENCE COURTS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MAIN AND AND AND AND AND AND AND AND AND AN		(Signed) yrs mos ds.  (Signed) , M. D.  2 -2 , 191  (Address) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds
	informant) Lunge Curk's  (Address) Lungelow Lund	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	4-2-,1915-1002 Cure.	Sacref Hear 4-3-, 191.5
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

lnjury, as fracture of skull, and eonsequences (c. g., scpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tunior" for maligcause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (seeondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist, No. 283
St.; Ward)  [It death occurred is a hospital or institution give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  (Month)  (Day)  (Year)  17. I HEREBY CERTIFY, That I attended deceased from
that I last saw have alive on
Contributory (Secondary) (Duration) yrs. mos. ds
(Signed) , M. D  State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death?
19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement Housewife, Housework, or At Home, and children, not minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _. Hart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can State cause for "Exhaustion,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARGIN

V. B. No. 1.

N. B.

1 PLACE OF DEATH	STATE OF MARYLAND			
10 man 1 57-40	CERTIFICATE OF DEATH			
County Mary	10101			
	Registration Dist, No. 2 83			
Village or City Laurel Fine	St.; Ward) [If death occurred is a haspital or institution			
0	a hospital or lostitutico, give its NAME lostead			
Zillian X	of street and number.]			
FULL NAME Suudu				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Opil 3 d 1915			
WIDOWED, ORDIVORCED	(Month) (Day) (Year)			
Temale White the word	17. I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH	Dec. 1914, to april 1915			
maknows 1898	bn.			
(Month) (Day) (Year)	that I last saw har alive on fr 27 1915			
7 AGE If LESS than	and that death occurred on the date stated above, atm,			
1 day,hrs.  7 yrs. mos. ds. ORmlo.?	The CAUSE OF DEATH* was as follows:			
B OCCUPATION A	Luderenlosis.			
(a) Trade, profession, or $1$				
particular kind of work Yave neg				
(b) General nature of Industry, business, or establishment in				
which employed (or employer)	(Duration)trsmosds.			
9 BIRTHPLACE (State or country)	Gentributory (Secondary)			
(State or country)				
10 NAME OF	(Buration) yrs mos ds.			
FATHER TILLS OF CITY	(Signed) , M. D.			
M 11 BIRTHPLACE	may 1 ,1915 (Address) Do Youlle mile			
Z (State or country)				
Z (State or country)  M  12 MAIDEN NAME OF MOTHER  14	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.			
of MOTHER Alatery Gallon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,			
13 BIRTHPLACE	OR RECENT RESIDENTS			
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.			
Pr 2	If not at place of death?			
informant, a fe new cu	usual residence			
(Address) Laurel From	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
(ADDRESS)	81. Day 1 Call - may 1 1-			
	20 UNDERTAKER ADDRESS			
Filed, 191	B B D			
REGISTRAR	Marjaya,			
if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerc-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scptichaccause. Always qualify all diseases resulting from ample: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPIBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ..... -Hart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) (name origin; "Can-State cause for Examples:



/	RECORD	PHYSICIANS should a
No. 1. MANGIN AFISENVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on hark of certificate

PLACE OF DEATH	STATE OF MARYLAND			
County St Marys	CERTIFICATE OF DEATH			
	Registration Dist. No. 28			
Village or City Joesville (No	St.; Ward) [if dealh occurred in a hospital or inslitution,			
*FULL NAME Mrs Kate Ru	the Dank give its NAME Instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Jemele White Single, Married ORDIVORCED (Write the word)	(Month) (Day (Year)			
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from			
(Month) (Day (Year)	that I last saw her allve on april 2 1915			
7 AGE (Month) (Day (Year)	and that death occurred on the date stated above, at 2. 7 m			
30 yrs. 8 mos. ds. 1 day,hrs. OR min.?	The CAUSE OF DEATH * was as follows:			
(a) Trade, profession, or particular kind of work	Putagonary tuberculosis			
(b) General nafure of Indusfry, business, or establishment in which employed (or employer)	(Ourafion) 3 yrs mos. ds			
9 BIRTHPLACE (State or country).  Baltimore, Manyland.	Gentributory Secondary			
10 NAME OF FATHER A ELLEN ELLEN A ELLE	(Signed) (Durafion) yrs mos ds			
OF FATHER	april 4, 1915 (Address) Jabocsville A			
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  4 A 4 A 4	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the			
OF MOTHER (State or country) Maryland	of deafhyrsmosds. Stateyrs,mosds Where was disease contracted.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If nof af piace of death?			
(Informant)	Former or usual residence.			
(Address) Janboesville Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Filed While 4, 1915 le misser magill,	20 UNDERTAKER ADDRESS			
TE more blocks and REGISTRAR	Milliam Comstangly Lemending			
If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting N. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) For VIO-



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Villag	e or City Mechanics North	St.; Ward) [if death occ a hospital or in give its NAME of street and m
3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE   5 SINGLE, MARRIED, My down of or DIVORCED (Write the word)	16 DATE OF DEATH Africal 2 the (Month) (Day)
6 DAT	E OF BIRTH Don't Know, 1828	April 25 th, 1915 to April 27 th  that I last saw her alive on April 25 th
7 AGE	(Month) (Day) (Year)  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as fellows:
o part (b) bust	CUPATION Trade, profession, or icular kind of work  General nature of industry ness, or establishment in	Paralysis (Duration) yrs. mos.
9 816	State or country)	contributory Old age
RENTS	10 NAME OF FATHER Showns on 11 BIRTHPLACE OF FATHER (State or country) St. Inanys 6 d, 12 MAIDEN NAME	(Signed) 27. 191. 5. (Address) Much annies O'cl  *State the Disease Causing Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Accide Suicidal or Homicidal.
14 TH	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place In tha of death yrs. mos. ds. State, yrs. mos Where was disease contracted, if not at place of death?
(	Informant) kn grans	Former or usual residenca  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA
15 Filer	April 27 1815- 3 P brogan	Int Zim Gemetery April 29.

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[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Screont, Cook state occupation at beginning of illness. Housemoid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locamative engineer, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tubereulosis of lungs, menin-

and consequences (c. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL perilonitis," etc. State gause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 48.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valentar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal sephichaemia," "Senile," etc.), The contributory (secondary or intercur-(Recommendations



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK -- THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH	STATE OF MARYLAND
County St mary	CERTIFICATE OF DEATH
2.1-	Registration Dist. No. 286
Village or City Mulistown (No	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Fail Dys	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, MARRIEO, WIGOWEO, OR OIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  Quil  (Month)  (Day)  (Year)	that I last saw h
T AGE  It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12:36 m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Unknown (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary land	(Secondary)
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  Skie Dyron	(Signed) (Si
of Mother, See Dyrona  13 BIRTHPLACE OF MOTHER (State or country)  Mary laude	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
15 Filed 5-1-, 191 3- Telling REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Allsouth Cemetry Chief 1913  20 UNDERTAKER  ADDRESS  ADDRESS
our) If more blanks are seeded, address State Registrar, 6 E	

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease Causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaitified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalisms

Palman June 30, 1813.

childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. oma. Sarcoma. etc., of tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY7 1915 BURFAU,V.S.

Coun	ty Dillargs 5743	STATE OF MARYLAND CERTIFICATE OF DEATH
ne	an 1 the to 00 21 1	Registration Dist. No. 8
Vitlag	e of chy	St.; Ward) [It death occurred in a hospital or institution,
	2 FULL NAME Marshall Ed	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE!	ale white 5 single, MARRIEO, WIDOWED OR OIVORCEO (Write the word)	16 OATE OF OEATH April 1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH aug 16th 1859	Magal Sh, 1915, to Stended deceased from
	(Month) (Day) (Year)	that I last saw have alive on the 13 h, 1915,
7 AG		and that death occurred on the date stated above, atm.
	5 yrs mos ds or min.?	The CAUSE OF DEATH * was as follows:
8 00	CUPATION	All Maria Carlo
par	Trade, profession, or Zual Carrier	5 5 2 7 5 5 2
(b)	General nature of industry Rural Route US. 70	100000000000000000000000000000000000000
S Am	ch employed (or employer)	(Buration) yrs. mos. ds.
,9 BI	(State or country) Muary's Co. Wild	Contributory advantage (Burallon) Haran Most 5 ds.
Stella S	10 NAME OF Alexander Edward	(Signed) Still Mich M. O.
ENTS	11 BIRTHPLACE OMM	State the DISPASE CAUSING DEATH or in deaths from Violence
AB	12 MAIOEN NAME OF MOTHER MA	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinental, Suicinal or Homicidal.
	13 BIRTHPLACE OF MOTHER Mary's C. W.d. State or country Mary's C. W.d.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, if not at place of death?
	(Informant) KM Rich ZUD.	Former or usuel residence
	(Address) Meehanicsulle Hed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		20 UNDERTAKER ADDRESS
File	1. Apr. 16 , 1915 Zach , Il Morgan	
3	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. write None. business, that fact may be indicated thus: Former (retired or given up on account of the disease causing death, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer the duties of the household only (not paid Housekeepers of the second statement. Never return "Jaborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery: (o) Foreman, (b) Autoonly when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, prespective of ago. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-The material worked on may form part As examples: (a) Spinner, (b) Cotton If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchapneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State eause for which birth or misearriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "loanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 4s.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY1 3 1915
BUREAU, V.S.

V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS See instructions on back of WRITE PLAINLY, WITH CAUSE OF Important. mi ż

County

5744 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

[If death occurred in

FULL NAME John R Ev	a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acoloror race Single, Married, Widowed Word (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  1 HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw ham alive on Nove ,1914.
TAGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at am, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs mos ds.
9 BIRTHPLACE (State or country) SM Sylvania (State or Country)	Secondary (Amation) yrs mas ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Hollynd  15  Filed 191	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  OF 19 19 19 19 19 19 19 19 19 19 19 19 19

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, (a) Spinner, (b) Cotton mill; (a) Salesman. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ete. The contributory (secondary or intercurrent) affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. mant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origiu; "Caueause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marusgenital," theuia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: ture of the American Medical Association.) injury, as fracture of skull, and cousequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as 'Puerperal septichaeetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary),-10 ds. Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustiou," Never report



1 PLACE OF DEATH

ERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred in Village or City .....Ward) a hospital or institution, RECORD give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, namud WIDOWED, (Month) (Day (Year) ORDIVDRCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. 4 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day, hrs. THIS The CAUSE OF DEATH * was as follows: OR ..... min. ? properly Lil BOCCUPATION AG (a) Trade, profession, or NX particular kind of work_ pe supplied (b) General nature of industry. UNFADING business, or establishment in may (Duration) certificate. BIRTHPLACE Contributory.... Secondary (State or country) 10 NAME OF FATHER (Signed) 0 WIT back terms, 11 BIRTHPLACE 191 (Address) PARENT hould OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. LO 12 MAIDEN NAME C Instructions OF MOTHER plai Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) EATH of death ...... yrs. ..... mos. .... ds. State Where was disease contracted. THE ABOVE IS TRUE MY KNOWLEDGE Sce If not at place of death?.. 0 ā Former of man, (Informant) Item OF usual residence mportant. Ш PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every (Address). 15 20 UNDERTAKE ADDRESS m REGISTRAR ż more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are cugaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

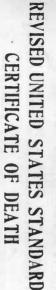
valvular heart disease; Chronic interstitial nephritis, nant neoplusms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL perilonitis," etc. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1915
BUREAU, V.S.

RECORD  PHYSICIANS should state		Village or City At Arrigosa (No.		STATE OF MARYLAND  CERTIFICATE OF DEATH  Registered No. 2 80  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
ANENT XACTLY.		3 51	PERSONAL AND STATISTICAL PARTICULARS  EX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, ORIONOCED (Write the word)	MEDIGAL CERTIFICATE OF DEATH  18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
HIS IS A PERM		7 A	2 / (   f day,hrs.	that I last saw h alive on 191 m, and that death occurred on the date stated above, at 70 m, The CAUSE OF DEATH's was as follows:
VED FO	60	(a pa (b) bus	yrs	Exposition (Quration) yrs mos / ds.
RES UNFAI	certif	9 B	IRTHPLACE State or country) Sh. In any Consider	(Signet) & divine L. Birch Corons (Signet) & Corons (M. D.
LY, WITH	ions on back of	ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  A. Magazza  Comments  A. Magazza  A. Magazza  Comments  A. Magazza  A.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
E PLA	s instruct	14-	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death?
125	Important. S	15 FI	(Informant)  (Address) At Inique med.  (Ide Afri 18, 1915)  (Ide Afri 18	19 place of Burial or REMOVAL  19 place of Burial or REMOVAL  19 place of Burial or REMOVAL  20 undertaker  Chay, Millown H. Juigan

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disparate Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscis of lungs, meninges, peritonaeum

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerpreal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of ... (name origin; "Can-State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY5 1915
BUREAU, V.S.

INK

UNFADING

WITH

1

RECORD

PERMANENT

V. S. No. 1.

CERTIFICATE OF DEATH Shoul PHYSICIANS shou Registration Dist. No It death occurred in .....Ward) a hospital or Institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, Massiel WIDOWED. (Month) (Day (Year) ORDIVORCED HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) It LESS than and that death occurred on the date stated above 1 day .....hrs. Ü OR ..... ? properly 8 OCCUPATION O (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) To back 11 BIRTHPLACE ARENT OF FATHER / *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain See Instructions OF MOTHER Infermation 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) E 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ ds. DEATH State ..... yrs, ____ mos. __ Where was disease contracted. It not at place of death? Former or OF usual residence. mportant. Every its 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 10 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged lu domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more preelse specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: "Fredrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (a void use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, moninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asvalvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerreral septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Measles "Senlle," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For vio-



	RECORD	PHYSICIANS should state of OCCUPATION IS very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
-		

	Ounty Illage or City Merson (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
	2FULL NAME James Willi	St.; Ward)  a hospital or institution, give its NAME instead of sfreef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Black Single, Married, Wildowso, OR DIVORCED (Write the word)  DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from April 15, 1915, to April 16, 1915,
	Unknown, 1	that I last saw h alive on april 16, 1915
7	AGE (Month) (Day (Year)  AGE If LESS than If day,hrs. ORmin.?	and that death occurred on the date stated above, at
20	(a) Trade, profession, or particular kind of work	(Duration) yrs mos / ds.
9	(State or country) Maryland.	Contributory Secondary  (Duration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
<u> </u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
16	File Ho, 1914 Comester may Co	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  St. Michaelas church april 1, 1915.  20 UNDERTAKER  ADDRESS
-	If more blanks are needed, address State Regist	THE FRANKLIN St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton must be factory.

Crocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Coments (No. 2 FULL NAME Susan Cornelis	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No 283  [It death eccorred I a hospitat or lostifution give its NAME losted of street and onmber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE   5 SINGLE, MARRIEO, WIOOWEO, ORDIVORCEO (Write the word)   6 DATE OF BIRTH   8   19/5   (Month) (Day) (Tear)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (That I last saw h & alive on 25  (1916)
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,hrs.   oRmio. ?	and that death occurred on the date stated above, at #2-m The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. 6 ds.  Contributory (Secondary)
10 NAME OF FATHER AME! A. SILEM  11 BIRTHPLACE OF FATMER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant)  MANAGE Informant	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If oot at place of death? Former or osual residence.
filed Cht. 26, 1915 - B. Christon Registran  If more blanks are needed, address State Registran	29 UNDERTAKER ADDRESS  C. G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Kalesman, (v) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... "Kart fallure," "Haemorrhage," "Inanition," "Maras er" is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 5 1915
BUREAU.V.S.

RECORD

A PERMANENT

PLAINLY, WITH UNFADING INK-THIS IS

8. No. 1.

WRITE

CAUSE OF Important.

N. B.

Village or City Park Hall (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Att 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, CONDINORED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h alive on, 191
TAGE About 3092 mms. If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4 mm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	He clip twouble soffers
which employed (or employer)  BIRTHPLACE (State or country) Calout Co. ned,	(Secondary)  (Duration) yrs. mos. ds
O 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Le Courte 2. Barele Courte M. D. M. L. Courte Courte M. D. M. L. Courte Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BERT OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(interment) Edwin E. Bull Cown	Where was disease contracted, if not at place of death?  Former or usual residence.
(Address)	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Flair fill of male 1915
DAM. H. C	20 UNDERTAKER CA ADDRESS

off more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Coliapse." "Coma," "Convuisions," "Debility" ("Conampie: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For VIO-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred to -Ward) a hospital or Institution, give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, widowed, Mar ordivorceo (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ...... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) Where was disease contracted. If not at place of death?-Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Greeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing described with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from tetanus) Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent)



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STATE OF MARYLAND 1 PLACE OF CERTIFICATE OF DEATH Registration Dist. No. 286 [If death occurred in ---Ward) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF (Signed) 11 BIRTHPLACE , 191 .... (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. ____ mos. ____ _ ds. State __ Where was disease contracted. 14 THE ABOVE IS TRUE MY KNOWLEDGE If not at place of death?. Former or usual residence OF BURIAD OR REMOVAL DATE OF BURIAL 15 .... 191 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesses of lungs, meninges, peritonaeum, etc., Carcin-

eause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine defiultely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) Never report For vio-



7. S. No. 1.

STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH County ... should ION is Registered No Ilf death occurred in OCCUPAT St: .....Ward) PHYSICIANS a hospital or institution. give its NAME instead RECORD of sfreef and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1902 (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, a 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or XX parficular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE (Secondary) (State or country 10 NAME OF Po back 11 BIRTHPLACE Z (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER ATH in plain instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) 1 State ...... yrs, ..... mos. of death ...... yrs. ..... mos. ..... ds. Where was disease confracted, WRITE If not at place of death?.... 0 usual residence..... Item Every Item CAUSE OF Important. 15 REGISTRAR olf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenimonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915 BUREAU, V.S.

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PHYSICIANS should of OCCUPATION is statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, widowed, O/A DATE OF BIRTH (Day 7 AGE properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that it 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER instructions of Information DEATH in pial 13 BIRTHPLACE OF MOTHER (State or country) BEST OF MY KNOWLEDGE CAUSE OF Important. S (Address) 15 .

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;----Ward)

[If death occurred in a hospital or Institution, give its NAMF instead

MEDIONE CENTILION	TE OF DEATH
16 DATE OF DEATH	/2 , 191 M
/(Month	
17 I HEREBY CERTIFY.	That I attended deceased from
, 191, to	191
that I last saw h allve on	, 191
and that death occurred on the date	stated shade at 10 m
The CAUSE OF DEATH* was as followed	
THE CAUCAL OF PEATITY WAS AS ION	ung.
	***************************************
La. Frype au	of Bonatiti
	n)yrsmos3d
Contributory	
Secondary	
1/7//0/00	on)yrsmosd
(Signed)	, M.
ep// 2 1914 (Address)	1 Cidge
Caroling Dea.	RY; and (2) whether Accide
TAL SUICIDAL OF HOMICIDAL	
*State the DISEASE CAUSING DEA: CAUSES, state (1) MEANS OF INJUITAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS)	PITALS, INSTITUTIONS, TRANSIENT
18 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENTS)	PITALS, INSTITUTIONS, TRANSIENT
18 LENGTH OF RESIDENCE (FOR Hose or Recent Residents) At place   of death yrs mos ds. Where was disease contracted,	PITALS, INSTITUTIONS, TRANSIENT
18 LENGTH OF RESIDENCE (FOR Hose or Recent Residents) At place   of death yrs mos ds. Where was disease contracted, If not at place of death?	PITALS, INSTITUTIONS, TRANSIENT
18 LENGTH OF RESIDENCE (FOR HOSE OF RECENT RESIDENTS) At place of death	PITALS, INSTITUTIONS, TRANSIENT
18 LENGTH OF RESIDENCE (FOR HOSE OF RECENT RESIDENTS) At place of death yrs mos ds. Where was disease contracted, lf not at place of death?————————————————————————————————————	PITALS, INSTITUTIONS, TRANSIENT  n the  State yrs, mos d
18 LENGTH OF RESIDENCE (FOR HOSE OR RECENT RESIDENTS) At place of death yrs mos, ds. Where was disease contracted, If not at place of death? Former or usual residence	n the State yrs, mos. d
BLENGTH OF RESIDENCE (FOR Hose or Recent Residents) At place   I the place of death   I the place of death   I the place of death?  Where was disease contracted,   I the place of death?  Former or usual residence   I the place of death?	PITALS, INSTITUTIONS, TRANSIENT  n the  State yrs, mos t

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If LESS

1 day,....

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUREAU, V.S.

No. 80

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1)

	Village or Gity Many (No. 2 FULL NAME Phillery John	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWSCO, ORDIVORCES ORDIVORCES (Write the word)  8 DATE OF BIRTH  AMA  2 2 1831	(Month) (Day) (Year)  18 DATE OF DEATH  (Month) (Day) (Year)  18 HEREBY CERTIFY, That I attended deceased from 1915, to 1916
10	(Month) (Day) (Year)  7 AGE    If LESS than   1 day, hrs. or   1 day, hrs.	and that death occurred on the date stated above, at 2 mm The CAUSE OF DEATH* was as follows:  The CAUSE Alexander of Great of the date stated above, at 2 mm The CAUSE OF DEATH* was as follows:
0	(b) General nature of Industry, business, or establishment to which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)  (Duration) // yrs. mos. ds
	10 NAME OF FATHER Whush.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTH	(Signed) , , M. D. , M
	OF MOTHER Matthaleum Aunty  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, Buy-	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, it out at place of death? Former or usual residence.
	Flied Mr 27, 1915 h. B. Johnson REGISTRAR	19 PLACE OF BURIAL OR BEMOVAL  DATE OF BURIAL  20 UN BERTAKER  WATER ADDRESS  WAT

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purperal septichaecause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



Very should is OCCUPATION PHYSICIANS RECORD ō PERMANENT cla properly AGE INK supplied. pe UNFADING certificate. 80 10 WITH back terms. should LO plain Instructions Information DEATH See 0 Item OF Important. ы Every

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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ... 191....., to (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .... 1 day hrs. OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE Contributory. (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs, ...... mos, ...... ds Where was disease contracted. If not at place of death?. Former or usual residence.

OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH	CTATE OF MADVIAND	
	STATE OF MARYLAND	
County Manns	CERTIFICATE OF DEATH	
	Registration Dist, No.	
Village or City Hollsman (No.	St: Ward)   If death occurred in	
FULL NAME Still L	a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color or race 5 single, Marrieo, Widower, Ordivorceo (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)	
	17 I HEREBY CERTIFY, That I attended deceased from	
DATE OF BIRTH	, 191, to, 191,	
(Month) (Day (fear)	that I last saw hallys on	
7 AGE It LESS than	and that death occurred on the date stated above, at	
1 day, Qhrs.	The CAUSE OF DEATH * was as follows:	
mos. os. or pmin.?	Premature Birthe december	
8 OCCUPATION (a) Trade, profession, or	Times Ich ain Ween Bear	
particular kind of work. (b) Generat nature of industry,	and the state of t	
business, or establishment in which employed (or employer)	(Duration)yrsmosds.	
9 BIRTHPLACE (State or country)	Gentributory	
- Humland	(Duration) yrs, mos. ds.	
10 NAME OF Panel Weal	(Signed) Juseph Carpille lived Bago.	
OF FATHER	for 14 , 1913 - (Address) Hollywood ma	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
a OF MOTHER STANDER ROLL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPERS	
13 BIRTHPLACE OF MOTHER (State or country)	At place in the	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs, mos ds. State yrs, mos ds Where was disease contracted.	
THE ABOVE IS THE BEST OF MYRNOWLEDGE	If not at place of death?	
(Informant) I see of the state	Former or usual residence	
(Address) HTPLASSARY ONCE	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16	Jarden Hill3 1915	
Filed	20 UMDERTAKER / DDRESS	
REGISTRAR	Tank Neal Holleman	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or mlscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon," "PUERPERAL septichae-The nature of the



BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Dakley  Full NAME See Webster	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St; Ward)  St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month) (Day) (Year)  17 (HEREBY CERTIFY, That I attended deceased from Africk 1915, to Africk 14 1915, that I last saw here allye on Africk 13 1915,
B OCCUPATION (a) Trade, profession, or particular kind of work.  (b) Seneral nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at // S.m. The CAUSE OF DEATH* was as follows:  Sufficient Colorch  Cofficient Somehite  (Duration) yrs. mos. ds.
OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OTHER OTHE	(Signed)  (Signe
Address) Jakley Md.  15 Filed 5 - 1 191 5 Pell Value REGISTRAR  If more blanks are needed, address State Registrar, 6 E	Date of Burial OR REMOVAL  Sacuel Frank  20 UNDERTAKER  Melsley Moles  ADDRESS  ADDRESS  ADDRESS  ADDRESS

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease is a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 7 1915
BUREAU, V.S.

V. E. No. 1.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH S shoul Registration Dist. No KIANS Ill death occurred in St.: ...Ward) a hospital or institution, RECORD give Its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, 191.1 WIDOWED, Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 4 (Month) (Dav (Year) S 7 AGE It LESS than and that death occurred on the date stated above, 1 day .....hrs. S The CAUSE OF DEATH* was as follows: THI OR ..... min. ? mos.....ds. properly BOCCUPATION 5 (a) Trada, profession, ot particular kind of work Z pe (b) General nature of industry. UNIDAPING business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary Duration) 10 NAME OF FATHER (Signed) 20 of WITH 11 BIRTHPLACE (Address) ENT pino OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 2 12 MAIDEN NAME 4 OF MOTHER van 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ā OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. __ EATH State _ ds. Where was disease contracted. 14 THE ABOVE S TRUE TO BEST OF MY KNOWLEDGE If not at placa of death?. 50 Former or item Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR DATE OF BURIAL (Address) 16 29 UNDERTAKER ADDRESS 8 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons eugaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: "Foreman," (6)

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S. No. 1. 1

N. B.

RECORD A PERMANENT UNFADING INK-THIS IS

WRITE PLAINLY, WITH

Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND 5756 1 PLACE OF DEATH CERTIFICATE OF DEATH

			- O C
Registration	Dist.	No.	200

Village or City

.St.;... -Ward) [It death occurred in a hospital or institution,

PERSONAL AND STATISTICAL PARTICULARS  9 SEX  **COLOR OR RACE **WINDOWSD. WINDOWSD. WIN		2 FULL NAME ada Lereza	Russell of street and number.]
Marale, wolvich woods  DATE OF BIRTH  3  (Month) (Day (Year)  17  I hEREBY CERTIFY, That I attended deceased from  1914, to 4 - 6 - 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  That I last saw here a live on 1916  The GAUSE OF DEATH* was as follows:  The GAUSE OF DEATH* w		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ODATE OF BIRTH  ODATE OF BIRTH ODATE  ODATE OF COUNTRY)  ODATE OF STATE ODATE  ODATE ODATE ODATE  ODATE OF BIRTH ODATE  ODATE OF BIRTH ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE ODATE  ODATE	3 SE	MARRIED, WIDOWED.	(Month) (Day (Year)
TAGE    It LESS than 1 day, hrs. or min.?   1	6 DA	ATE OF BIRTH	
Occupation  (a) Trade, protession, or particular kind of work.  (b) Beneral nature of industry, business, or establishment in which amplied (or employer)  Berthplace (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani)  (Address)	TAG	(Month) (Day (Year)  It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 5 a, m.
Which employed (or employer)  9 BIRTHPLACE (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani)  (Address)  (Addre	(a) par (b)	CCUPATION Trade, profession, or Ticular kind of work  Beneral nature of Industry,	Municipal Transition of 124
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani)  (Address)  (Add	9 B I	RTHPLACE (State or country)	Contributory Adeu of the ack Secondary (Doralion) 2 yrs of the ds.
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) School Microsoft Microsof	ARENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
(Informani) Schward Mussell Former of Usual residence.  (Address) Paint Schward Usual residence.  19 PLACE OF BURIAL OR REMOVAL  16  Filed 4 - 17, 1915 - Robalium Paris of Burial OR REMOVAL  20 UNDERTAKER  ADDRESS  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR	14 T	OF MOTHER (State or country)	of HECENT HESIGENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
Filed 4-17, 1915-Robolius REGISTRAR Engent Half & unof		Cal. 16	Former or usual residence.
after 1 mg	15 File	et 4-17, 1915-RNPalm	Sacrel Hear 4-19-, 1315-
			trar, 6 E. Franklin St., Balto., Requesting V. S. Ko. 1.

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT supplied. pe UNFADING certifica 50 back pinous plain Instructions Information = of Inform DEATH OF Item mportant. Every Ite

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.:....Ward) a hospital or lostitution, give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 866 (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH * was as follows: OR ..... ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2). whether Accidental, Suicidal, or Homicidal. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. .... ds. State yrs, ____ Where was disease contracted, 14 THE ABOVA IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal acptichaecause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEEAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



	PLACE OF DEATH 5758	STATE OF MARYLA
	11 111 2211	CERTIFICATE OF DI
Co	B 21	Registration Dist, No.
Vil	lage or City Jan Hall (No.	St.; Ward)
	FULL NAME James Merton	Stone gi
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
351	Male White Single, Married, Widowed, Orbitobrock (Write the word)	16 DATE OF DEATH Will 2 700 (Month) (Day
D	ATE OF BIRTH Nov. 26, 897	March 28, 1915, to April
-	(Month) (Day (Year)	that I last saw h M alive on UNUL 2
TAG	If LESS than 1 day,hrs.	and that death occurred on the date stated above,
	yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
) (a)	OCCUPATION Trade, profession, or Haim about	Toplemen Vox Rance
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs
9 B1	RTHPLACE (State or country) Main land	Contributory Coan Pleum Secondary  (Duration) yfs
	10 NAME OF Caldural Stone	(Signed) D. Michard Coour
NTS	11 BIRTHPLACE OF FATHER (State or country) MANN (ANN)	*State the Displace Causing Deliver on the
PARENT	12 MAIDEN NAME OF MOTHER AND	*State the DISEASE CAUSING DEATH, or, in dea CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  Mais land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs. Where was disease contracted.
1	(Informant) COUN M. S.,	if not at place of death?————————————————————————————————————
16	(Address). Dr. Ingors	19 PLACE OF BURIAL OR REMOVAL DATE
File	afril 4 191 5 E Brill Will REGISTRAR	20 UNDERTAKER ADDR
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

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DATE OF B	
ADDRESS	S, 1919
	yrs.  yrs.  Neumon  yrs.  yrs.  Neumon  or, in deaths fr; and (2) wheth  ALS, INSTITUTIONS,  the 7 yrs. 4

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nover return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Forcman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29, ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUREAU, V.S.

No. υż PERMANENT RECORD UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County County	Registration Dist. No. 28
Village or City Lawrence Affait The	St.; Ward)  [If death occi a hospital or ins give its NAME of street and nu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the Word)	16 DATE OF DEATH    Stouth   (Day ()   17
(Month) (Day (Year)	that I last saw h Amalive on Africal II
yrs	and that death occurred on the date stated above, at  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Contribution (Ouration)yrsmos
9 BIRTHPLACE (State or country) A Many 600	Contributory Secondary  (Duffilon) yrs mos.  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from V CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSON RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos, Where was disease contracted, If not at place of death?
(Address) Foundation	Former or USUAI residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  April 19 PLACE OF BURIAL OR REMOVAL  April 19 PLACE OF BURIAL OR REMOVAL  April 19 PLACE OF BURIAL OR REMOVAL
Flied	20 UNDERTAKER Office ADDRESS

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. tiou is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: causing nearii, state occupation at beginning of illbeen changed or given up on account of the disease Nervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is Indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations ou statement of For vio-



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WRITE

STATE OF MARYLAND 1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION Is very CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or institution. give Its NAME Instead of street and number. I statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 16 classified. 29 (Month) (Day (Year) 7 AGE If LESS than D and that death occurred on the date stated above, at ino 1 day hrs. OR ..... 7 properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. pe supplied. (b) General nature of Industry. business, or establishment in (Duration) may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory. carefully Secondary that 10 NAME OF FATHER 80 jo terms, n back PARENTS 11 BIRTHPLACE hould OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER of Information DEATH in pla 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State Where was disease contracted. THE ABOVE IS KNOWLEDGE If not at place of death?. Former or Item Every Item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 . 191 Terre 2/ 1912 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of Never report



1 PLACE OF DEATH

IANS ent of	Com	PLACE OF DEATH	5761 STATE OF MARYLAND CERTIFICATE OF DEATH
HYSIC		Se T	Registration Dist. No.28 4
ct st	Villa	ge or City 50 And Company	St.; Ward) [It death occurred in a hospital or institution,
CTLY.		2 FULL NAME Still Bonn ) li	give lis NAME instead of street and number.]
EXA Sifie		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	3 SE	know thate Single, MARRIED, Swidowed on Divorcep (Write the word)	16 DATE OF DEATH (Month) 2 (Day) (Year)
uld be sta properly rtificate.	6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
should be pro f certifi		African (Month) (Day) , 1 0 (Year)	that I last saw halive on
sho ny be of ce	7 AG		and that death occurred on the date stated above, at
AGE s it may sack of	15. T	1 day, hrs.  yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as fellows:
supplied. s, so that tions on k	( a	CCUPATION  a) Trade, profession, or ricular kind of work	5 till Birth
AE SU	0 0 (b	) General nature of industry siness, or establishment in nich employed (or employer)	(Duraflon)rrsmiosds,
careful lain ter		(State or country)	Contributory Secondary
in p		10 NAME OF FATHER Joseph Jordham S	(Signed) (Si
Shoul EATH ortan	NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISPASE CAUSING DEATH, or in deaths from Violence
DE	ARENT	12 MAIDEN NAME OF MOTHER	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
E O	a	13 BIRTHPLACE A Belle Wood	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
North North		(State or country)	Al place In the of death yrs. mos. ds. State, yrs. mos. ds.
OCA	14 Ti	HE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
state		(Interment) Lawrence Burley	Former or usual residence
Every item of is should state CA OCCUPATION		(Address) & harlatte, thill and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
. B	15 File	ed April 14, 191 Zach A, Mayan	20 UNDERTAKER ADDRESS
Z		If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
			had the

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state oecupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, urife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile. factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound of SUICIDAL, Or HOMICIDAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For Violent Deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia, cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. etc., when a definite disease can be ascertained as the lapse," "Coma," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" symptoms or terminal conditions, such as "Asthenia," cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbolic acid-probably State cause for which Never report mere



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PHYSICIANS should state of OCCUPATION is very

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See Instructions

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EXACTLY.

PLACE OF DEATH 5762 County PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, MARRIED. WIDOWED. (Write the word) OF BIRTH DATE (Month) (Day (Year) 7 AGE If LESS than 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country (Address' 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND GERTIFICATE OF DEATH

Registration Dist, No. 2

St.; .Ward)

[If death occurred in a hospital or institution, give its NAME Instead ot street and number.]

MEDI	CAL CERTIFICATE	OF DEATH	
DATE OF DEATH	March (Month)	3 (Day	, 1915 (Year)
O LUEP	EBY CERTIFY, That		
1/	0.00	1 7	ceased from
Janny. 20	, 1915, to 1/2	arch 2	191
har I last saw h.m	_allve on Mar	ch 3	, 191.5
nd that death occur	red on the date state	d above, at	(F) m
he CAUSE OF DEA	TH* was as follows:		
1		/	
Hoyaemi	as / Conf	easton	ARRY
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	(Munuthan)		./0.
***************************************	(Duration)	yrs	ROSds.
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Secondary	7,		
Virynalale o	taber (potation)	yrs	mosds.
A VITE	Atra 11 Pa	115	
(Signed)	1-1000 10 CJ	0.44	, M. D.
3/11/ 1918	(Address) AX	+ negon	me
*State the DISEA CAUSES, state (1) TAL, SUICIDAL, or I	SE CAUSING DEATH, O MEANS OF INJURY; 1 IOMICIDAL.	r, in deaths fr and (2) wheth	om VIOLENT er Acciden-
	DENCE (FOR HOSPITAL		
OR RECENT RESIDEN	118)	-,	
At place	in the	byrs of	31
of death yrs	mos os. State		mos, 18
Where was disease contractif not at place of death?	red,		
Former or	***************************************	****************	
usual residence			
St. andre	LOR REMOVAL	the march	URIAL J. 1915
20 UNDERTAKER	. 1	ADDRESS	
14. 776	Vank	01.00	0 -

No. 32

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed eas examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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1 PLACE OF DEATH STATE OF MARYLAND 5763 CERTIFICATE OF DEATH Registration Dist. No. 280 fif death occurred in ..Ward) a hospital or institution. give its NAME Instead of street and number.1 ugustus Gonna. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS If not at place of death?-Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS Show

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 5 1915
BUREAU, V.S.